

Asians and Pacific Islanders



In 2005, Virginia had the seventh highest Asian population in the U.S. (Census, 2005)

Between 2001 and 2004, Asians and Pacific Islanders accounted for the largest percent increase in reported HIV/AIDS cases in the U.S. (CDC, 2006)

Between 2002-2006, of those Asians and Pacific Islanders diagnosed with HIV or AIDS in Virginia, 68% were men and 32% were women. Forty-three percent were 30-39 years of age.



Who are Asians and Pacific Islanders?

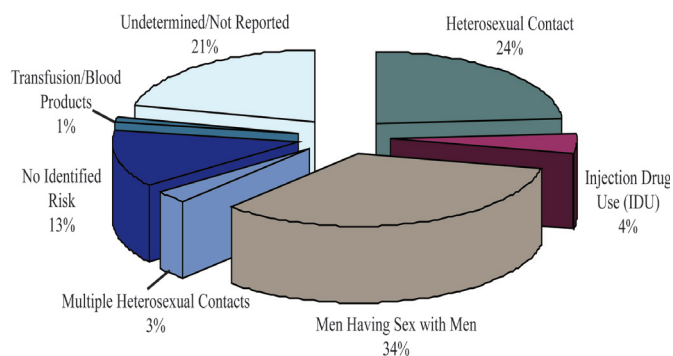
Asians and Pacific Islanders are a vastly diverse population, consisting of over 40 nationalities and over 100 languages and dialects. The term “Asian” includes those originating from the Far East, Southeast Asia, or the Indian subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. The term “Pacific Islanders” includes those originating from Hawaii, Guam, Samoa, or other Pacific Islands. The majority (51%) of Asians and Pacific Islanders live in the Western U.S., while 19% live in the South (Census, 2003). According to the 2005 American Community Survey, 4.7% of the Asian/Pacific Islander population in the U.S. resides in Virginia (Census, 2005).

HIV/AIDS among Asians and Pacific Islanders?

In 2005, HIV/AIDS diagnoses among Asians and Pacific Islanders accounted for one percent of the total number of HIV/AIDS cases in the 33 states with name-based reporting (CDC, 2007). At the national level, however, the number of diagnoses among this population has steadily increased in recent years. There was a 41% increase in HIV/AIDS cases reported among Asians and Pacific Islanders between 2001 and 2004 – the largest increase among all racial and ethnic groups. The majority of reported cases among Asians and Pacific Islanders are among men (78%), with the primary transmis-

Figure 1

Virginia, diagnosed cases of HIV/AIDS among Asians and Pacific Islanders by risk (N=71)
(2002-2006)



sion risk being male-to-male sexual contact. Due to underreporting or misclassification of race this percentage may be higher (CDC,2007).

In Virginia, between 2002 and 2006, there were a total of 71 diagnosed cases of HIV/AIDS among API, which accounts for 1.2% of total reported cases in Virginia. Sixty-nine percent of cases were located in the Northern health region of the state. Consistent with national data, the majority (68%) of reported cases are among men. The primary transmission risk was among men who have sex with men, accounting for 34% of the total number of cases during this time period, followed by heterosexual contact (24%). It is also important to note that 13% of cases among this population in Virginia were reported as having no identified risk and 21% were reported as being undetermined or were not reported (Figure 1). The largest proportion, 44%, of reported cases were among those between 30 and 39 years of age, followed by those between 20 and 29 years of age (27%) and those between 40 and 49 years of age (18%).

Asians and Pacific Islanders have higher rates of other diseases, such as tuberculosis and Hepatitis B, which are often associated with HIV/AIDS. However, many still do not perceive themselves as being at risk for HIV (USCF, 1998). Stigma associated with HIV/AIDS prevents many Asians and Pacific Islanders from getting tested, disclosing their HIV status, and from seeking treatment: this is especially true among women and bisexual men of this population (HHS, 2004). Low testing rates among this population often leads to late diagnosis of the disease. In 2006, 977 Asians and

Pacific Islanders were tested in publicly funded HIV testing in Virginia. This represents 0.26% of the total Asian and Pacific Islander population in Virginia. In 2001, CDC estimated that 44% of Asians and Pacific Islanders received an AIDS diagnosis within one year of their HIV diagnosis. This percentage is higher than any other racial or ethnic group (CDC, 2007). Other barriers to seeking HIV prevention or care services include cultural, linguistic, economic, and legal issues that affect this population. There is often a cultural avoidance to discuss sexual behavior, illness, and death and a lack of peer or community support for sexual and racial diversity. Furthermore, those that are foreign-born may have little or no English skills, preventing them from seeking services (USCF, 1998).

REFERENCES

CDC HIV/AIDS Fact Sheet: HIV/AIDS among Asians and Pacific Islanders (Publication). (2007). Atlanta, Georgia: Centers for Disease Control and Prevention. Retrieved November 11, 2007, from <http://www.cdc.gov/hiv/resources/factsheets/PDF/API.pdf>

HIV/AIDS Surveillance Supplemental Report, Vol. 12, No. 1 (Rep.). (2006). Atlanta, Georgia: Centers for Disease Control and Prevention. Retrieved November 11, 2007, from <http://www.cdc.gov/hiv/topics/surveillance/resources/reports/index.htm>

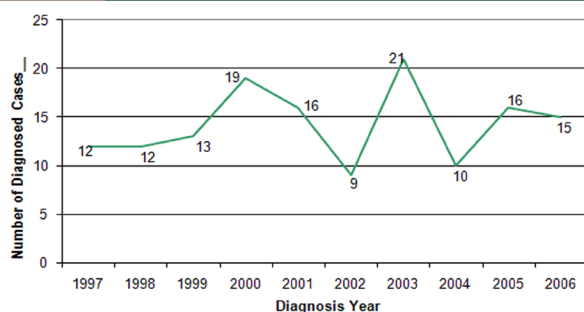
Percent of Population Who Are Asian Alone. (2005). U.S. Census Bureau. Retrieved July 3, 2007, from <http://www.census.gov>

United States Department of Health & Human Services (HHS), Office of the Surgeon General. Fighting HIV/AIDS in the Asian American and Pacific Islander Community Means Breaking Down Cultural, Language and Stigma Barriers. (2004). Retrieved July 2, 2007, from <http://www.surgeongeneral.gov/aids/oped2.html>

What are Asian and Pacific Islander HIV Prevention Needs? (Publication). (1998). University of California, San Francisco, Center for AIDS Prevention Studies.

Figure 2

Virginia, diagnosed cases of HIV/AIDS among Asians and Pacific Islanders (1997-2006)



*Although a trendline is presented for visualization, trends are not reliable with counts this low